

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/534879

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		ÓR	OTHER THAN OR SMALL ENTITY	
U.S. NATIONAL STAGE FEES			(Column 1)			Column 2)]	RATE	FEE	1	RATE	FEE
BASIC FEE			SMALL ENT.	= \$ 150	LARGE ENT. = \$ 300		1	BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Ar		All other situations = \$ 100 / \$ 200		-1	EXAM. FEE		1	EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$ ALL other cou \$ 200 / \$	ntries =		ther situations = 250 / \$ 500		SEARCH FEE		1	SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minu	ıs 100 =	/ 50 =			X \$ 125 =			X \$ 250 =	
101	AL CHARGEA	BLE CLAIMS	3 min	nus 20 =	•			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			minus 3 =		. —			X \$ 100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	900
CLAIMS AS AMENDED - PART II 5 - (2 - 0) (Column 1) (Column 2) (Column 3)								SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	: 3	Minus	•• g	D.	= \		X \$ 25 =	ì	OR	X \$ 50 =	:
	Independent	•	Minus	•••	3	=		X \$ 100 =		OR	X \$ 200 =	
,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+\$360=	
				TOTAL ADDIT. FEE	-	OR	TOTAL ADDIT.					
(Column 1) (Column 2) (Column 3)												į
TB	·	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER NUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DMENT	Total	.	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				CLAIM			+ \$ 180 =		OR	+ \$ 360 =	
				TOTAL ADDIT. FEE		OR	FEE					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".												

FORM PTO-875 (Rev. 02/2005)

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